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PTO/SB/21 (04-04)
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		Application Number	10/057,629				
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date	January 25,2002				
		First Named Inventor	Harry R. Davis et al.				
		Art Unit	1617				
		Examiner Name	San Ming R. Hui				
Total Number of Pages in This Submission	15	Attorney Docket Number	CV01382K US - 4686-045584				

	ENCLOSURES (Check all that apply)								
EN  Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Supplemental Information Disclosure Statement  Certified Copy of Priority Documents  Response to Missing Parts/ Incomplete Application		C C C Re	Drawing(s)  Licensing-related Papers  Petition to Reinstate  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)		After Allowance communication To Technology Center (TC)  Appeal Communication to Board Of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below)				
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53			DE ADDI ICANIT, ATTORNEY, OD	NOE	NIT				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Ann M. Cannoni Or Webb Ziesenheim Logso Individual name			Orkin & Hanson, P.C.	_					
Sig	nature U								
Da	te April 8, 2005								

CERTIFICATE OF TRANSMISSION/MAILING										
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PTO/SB/17 (12-04)

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Effective on 1243/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)					Complete if Known						
	Applicatio	10/057,629									
FEE TRANSMITTAL					Filing Date		25, 2002				
For FY 2005					First Named Inventor Harry R.			t al.			
Applicant claims s	Examiner	San Min	San Ming R. Hui								
	Art Unit										
TOTAL AMOUNT O	F PAYMEN	NT (\$)	180.00	Attorney I	ocket No.	CV0138	2K_US/4	1686-045584	•		
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account	Deposit Acc	count Number:	23-065	50 E	eposit Accoun	t Name T	he Webb	Law Firm	<u></u>		
For the above-id	entified depos	t account, the D	Director is hereby aut	horized to: (ch	eck all that app	ly)					
	fee(s) indicate				Charge fee(	(s) indicated t	below, exc	ept for the fil	ing fee		
	any additional 7 CFR 1.16 ar		payments of fee(s)	X	Credit any	overpayment	s				
WARNING: Information on information and authorization			Credit card inform	ation should no	t be included o	n this form.	Provide cr	redit card			
FEE CALCULATION				····							
1. BASIC FILING, SI		ND EXAMI	NATION FEES					· ·			
i. Brisic Pilino, Si	-	G FEES	SEARCH	FEES	EXAMINA	TION FEE	ES				
	5	Small Entity	<u>S</u> ma	ll Entity	5	Small Entity	Y				
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> <u>F</u>	ee (\$)	Fee (\$)	Fee (\$)		Fees P	<u>aid (\$)</u>		
Utility	300	150	500	250	200	100	_				
Design	200	100	100	50	130	65	_				
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300		•		<del></del>	
Provisional 200 100 0		0	0	0	0						
2. EXCESS CLAIM I	TEES						-			—— Small Entity	
Fee Description									Fee (\$)	Fee (\$)	
Each claim over 20 or, for	Reissues, eac	h claim over 2	0 and more than in	the original pa	itent				50	25	
Each independent claim	over 3 or, 1	or Reissues,	each independent	t claim more	than in the o	original pat	ent		200	100	
Multiple dependent clai	ms								360	180	
Total Claims		a Claims	Fee (\$)				Iltiple Dependent Claims				
- 20 or HP = highest number of t		d for if greater	than 20	<del></del>	<del>-</del>	Fee (	<u>\$)</u>	Fee Paid (\$	<u>)</u>		
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Indep. Claims		a Claims	<u>Fee (\$)</u>	Fee Paid (\$)							
- 3 or F HP = highest number of inde		s paid for, if gr	eater than 3	·	<del>-</del>						
2 ADDITION SI	76 666	. , ,									
3. APPLICATION SI		s exceed 100	sheets of paper,	the applicati	on size fee d	ue is \$250	(\$125 fo	r small entit	y)		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>											
- 100	=	/ 50 =		_ (round up	to a whole nu	mber)	x		- —	·	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)											
Other: Informat	•		`	-550 4110)						180.00	
SUBMITTED BY Signature	0	_		Registration 1	No. 35,972	,	Telepho	ne 412.4	71-8815		
Name (Print/Type) Ann M. Cannoni					ent) 33,977		Date		8. 2005	<del></del>	

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